

# Total Knee Arthroplasty Protocol

For Doctor: Dr. Diane Litke

Contact Preference
<ul style="list-style-type: none"> <li>• Text (972)-989-5166</li> <li>• Phone (972)-498-4791</li> <li>• Fax (972)-498-4949</li> </ul>

## Physician Preferences

Admission
Admission within 24 hour post hospital discharge by :
<ul style="list-style-type: none"> <li>• <b>Therapy Only: P.T.</b> to admit and follow patient for Plan of Care needs. <b>Add the following as needed:</b></li> <li>• O.T. Eval &amp; Treat</li> </ul>
<ul style="list-style-type: none"> <li>• Physician orders may be taken from the patients Primary Care Physician for non-orthopedic related medical issues (i.e., blood pressure issues, constipation, blood sugar levels, etc.)</li> </ul>

Durable Medical Equipment
<ul style="list-style-type: none"> <li>• For Ambulation: Weight bearing as tolerated with walker or crutches. D/C walker and advance to cane as soon as they feel comfortable.</li> <li>• For ADL's: As needed Bedside Commode, Raised Toilet Seat, Reacher, Hip/Knee Kit, Tub Bench</li> </ul>

Medications	Dose	Frequency	Other Instructions
Anticoagulant Preference:			Aspirin b.i.d, occasionally xarelto
Stool Softener:		PRN	May be ordered for patients with constipation
Pain: Oxycodone , Tramadol		PRN	May be ordered for breakthrough pain control
Other: Tylenol (650-1000 MG)		Every 4-6 hours	

Pain/Inflammation Control
<ul style="list-style-type: none"> <li>• Cold/Ice pack As Needed: x <b>10-15</b> minutes, <b>3-4</b> x/day</li> </ul>

Incision Care	
<b>Staples/Sutures if present will be removed by the Doctor's office</b>	
<b>Assess</b>	<ul style="list-style-type: none"> <li>Surgical incision assessed each visit; report signs and symptoms of infection to the Physician's office, such as: Temperature &gt; 101 degrees, Increased effusion/edema, Ecchymosis, pain, rash, Excessive drainage, or foul odor</li> </ul>
<b>Patient/Caregiver Instruction</b>	<ul style="list-style-type: none"> <li>Instruct patient/caregiver to report signs and symptoms of infection (LHC Group-Call First Program).</li> <li>Bandage will be removed at post op visit (2 week follow up appointment).</li> </ul>

Special Instructions	
<b>Showering</b>	<ul style="list-style-type: none"> <li>Patient may shower with bandage</li> </ul>
<b>Driving</b>	<ul style="list-style-type: none"> <li>TBD by Physician upon follow up appointment for joint replacements involving the Right lower extremity.</li> </ul>
<b>Physician Update</b>	<ul style="list-style-type: none"> <li>P.T. will provide a progress report at time of patient's follow-up visit (14 days post-op) *Therapy status report listed under coordination notes</li> </ul>

Physical Therapy
Physical Therapy will evaluate & treat within 24hours of hospital discharge. The evaluation may include: Vitals, Home Environment Safety, Functional Mobility, AROM/PROM, Strength, Somatosensory, Balance, Gait, Endurance, Coordination, Pain, and Medication Management.

Occupational Therapy
Occupational Therapy if ordered will evaluate & treat within 5 days of admission to home health. The evaluation may include: ADL, IADLs, Home Environment Safety Assessment and Modification Recommendations, Vitals, Functional Mobility, AROM/PROM, Strength, Somatosensory, Balance, Endurance, Coordination, Pain, and Medication Management.
If Physical Therapy <i>is not</i> ordered: An R.N. will admit the patient to home health, and the Occupational Therapist will evaluate the patient within 24 hours of admission to home health

**Physical Therapy Frequency and Duration**

- Physical Therapy perform a tapering program: 3-5 first week, 2-3 second and third week, 1 fourth week

**Physician-Specific Physical/Occupational Therapy Interventions Choices**

**Therapeutic Exercises**

Exercises to be determined by therapist to include:

- Active-Assisted ROM
- Transfers
- Gait

\*ROM goals expected at 2 week follow 0 degrees up to 120 degrees

Physician Name (Print) \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Total Hip Arthroplasty Protocol

For Doctor: Dr. Diane Litke

Contact Preference:
<ul style="list-style-type: none"> <li>• Text (972) 989-5166</li> <li>• Office (972) 498-4791</li> <li>• Fax (972) 498-4939</li> </ul>

## Physician Preferences

Admission
Admission within 24 hour post hospital discharge by :
<ul style="list-style-type: none"> <li>• <b>Therapy Only: P.T.</b> to admit and follow patient for Plan of Care needs. <b>Add the following as needed:</b></li> <li>• O.T. Eval &amp; Treat</li> </ul>
<ul style="list-style-type: none"> <li>• Physician orders may be taken from the patients Primary Care Physician for non-orthopedic related medical issues (i.e., blood pressure issues, constipation, blood sugar levels, etc.)</li> </ul>

Durable Medical Equipment
<ul style="list-style-type: none"> <li>• For Ambulation: Weight bearing as tolerated with walker or crutches. D/C walker and advance to cane as soon as they feel comfortable.</li> </ul>
<ul style="list-style-type: none"> <li>• For ADL's: As needed Bedside Commode, Raised Toilet Seat, Reacher, Hip/Knee Kit, Tub Bench</li> </ul>

Medications	Dose	Frequency	Other Instructions
Anticoagulant Preference:			Aspirin b.i.d, occasionally xarelto
Stool Softener:		PRN	May be ordered for patients with constipation
Pain: Oxycodone, Tramadol		PRN	May be ordered for breakthrough pain control
Other: Tylenol (650 – 1000 MG)		Every 4-6 hours	

<b>Pain/Inflammation Control</b>	
<ul style="list-style-type: none"> <li>• Cold/Ice pack <i>As Needed</i>: x <b>10-15</b> minutes, <b>3-4</b> x/day</li> </ul>	

<b>Incision Care</b>	
<b>Staples/Sutures if present will be removed by the Doctor's office</b>	
<b>Assess</b>	<ul style="list-style-type: none"> <li>• Surgical incision assessed each visit; report signs and symptoms of infection to the Physician's office, such as: Temperature &gt; 101 degrees, Increased effusion/edema, Ecchymosis, pain, rash, Excessive drainage, or foul odor</li> </ul>
<b>Patient/Caregiver Instruction</b>	<ul style="list-style-type: none"> <li>• Instruct patient/caregiver to report signs and symptoms of infection (LHC Group-Call First Program).</li> <li>• Dressing will be removed at 2 week post-op follow up appointment.</li> </ul>

<b>Special Instructions</b>	
<b>Showering</b>	<ul style="list-style-type: none"> <li>• Patient may shower with bandage</li> </ul>
<b>Driving</b>	<ul style="list-style-type: none"> <li>• TBD by Physician upon follow up appointment for joint replacements involving the right lower extremity</li> </ul>
<b>Physician Update</b>	<ul style="list-style-type: none"> <li>• P.T. will provide a therapy status report at time of patient's follow-up visit (14 days post-op) <b>*Therapy status report is listed under coordination notes</b></li> </ul>

<b>Physical Therapy</b>	
<p>Physical Therapy will evaluate &amp; treat within 24hours of hospital discharge. The evaluation may include: Vitals, Home Environment Safety, Functional Mobility, AROM/PROM, Strength, Somatosensory, Balance, Gait, Endurance, Coordination, Pain, and Medication Management.</p>	

## Occupational Therapy

Occupational Therapy if ordered will evaluate & treat within 5 days of admission to home health. The evaluation may include:

ADL, IADLs, Home Environment Safety Assessment and Modification Recommendations, Vitals, Functional Mobility, AROM/PROM, Strength, Somatosensory, Balance, Endurance, Coordination, Pain, and Medication Management.

If Physical Therapy *is not* ordered: An R.N. will admit the patient to home health, and the Occupational Therapist will evaluate the patient within 24 hours of admission to home health

## Physical Therapy Frequency and Duration

- Frequency: 3w2, 1w1
- If additional PT is needed after the 2 week follow up please text Dr. Litke or include in the Therapy Status Progress report

## Physician-Specific Physical/Occupational Therapy Interventions Choices

<b>Therapeutic Exercises</b>	Exercises to be determined by therapist to include: <ul style="list-style-type: none"><li>• Active-Assisted ROM</li><li>• Transfers</li><li>• Gait</li></ul>
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## Dr. Litke performs only Anterior Approach for all THA

<b>Anterior Approach</b>	<ul style="list-style-type: none"><li>• No abductor precautions needed. Patients may actively and passively abduct their hips.</li><li>• Minimal to NO hip precautions for Anterior Approach</li></ul> <p>*If any precautions needed Dr. Litke will notify the patient</p>
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Physician Name (Print) \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Shoulder Surgery Protocol

Physician: Dr. Litke

Contact Preference	
• Text	(972) 989-5166
• Phone	(972) 498-4791
• Fax	(972) 498-4939

## Physician Preferences

Admission
Admission within 24 hour post hospital discharge by : <ul style="list-style-type: none"> <li>• <b>R.N.</b> to admit and follow patient for incision care, medication management, and other nursing-related services. <b>Add the following Disciplines:</b></li> <li>• O.T. Eval &amp; Treat Only</li> <li>• <b>Therapy Only: P.T.</b> to admit and follow patient for Plan of Care needs. <b>Add the following Disciplines:</b></li> <li>• O.T. Eval &amp; Treat Only</li> </ul>
<ul style="list-style-type: none"> <li>• Physician orders may be taken from the patients Primary Care Physician for non-orthopedic related medical issues (i.e., blood pressure issues, constipation, blood sugar levels, etc.)</li> </ul>

Durable Medical Equipment
<ul style="list-style-type: none"> <li>• For Ambulation: Platform Rolling Walker, Cane</li> <li>• For ADL's: As needed Reacher, Tub Bench/Chair</li> <li>• For Restricted Motion: Shoulder Sling: x 6 weeks to only be removed for showering and post-op exercise protocol</li> </ul>

Medications		Dose	Frequency	Other Instructions
Anticoagulant Preference:				Aspirin b.i.d, occasionally xarelto
Stool Softener:			PRN	May be ordered for patients with constipation
Pain: Oxycodone, Tramadol			PRN	May be ordered for breakthrough pain control
Other: Tylenol (650-1000 MG)			Every 4-6 hours	

## Pain/Inflammation Control

- Cold/Ice pack *As Needed*: x **10-15** minutes, **3-4** x/day

## Incision Care

### Staples/Sutures if present will be removed by the Doctor's office

<b>Assess</b>	<ul style="list-style-type: none"><li>• Surgical incision assessed each visit; report signs and symptoms of infection to the Physician's office, such as: Temperature &gt; 101 degrees, Increased effusion/edema, Ecchymosis, pain, rash, Excessive drainage, or foul odor</li></ul>
<b>Patient/Caregiver Instruction</b>	<ul style="list-style-type: none"><li>• Instruct patient/caregiver to report signs and symptoms of infection (LHC Group-Call First Program).</li><li>• Dressing will be removed at 2 week post-op follow up appointment.</li></ul>

## Special Instructions

<b>Showering</b>	Pt may shower with bandage
<b>Driving</b>	TBD by Physician upon follow up appointment
<b>Physician Update</b>	<ul style="list-style-type: none"><li>• O.T./P.T. will provide a progress report at time of patient's follow-up visit (14 days post-op) *<b>Therapy status report is listed under coordination notes</b></li></ul>
<b>Lifting</b>	<ul style="list-style-type: none"><li>• Avoid lifting objects overhead</li><li>• Avoid lifting greater than <b>0 lbs</b></li></ul>
<b>Positions</b>	<ul style="list-style-type: none"><li>• Instruct patient in supine to place a small pillow or towel roll behind the elbow to avoid shoulder hyperextension</li></ul>

## Occupational Therapy

Occupational Therapy will evaluate & treat within 5 days of admission to home health. The evaluation may include:

ADL, IADLs, Home Environment Safety Assessment and Modification Recommendations, Vitals, Functional Mobility, AROM/PROM, Strength, Somatosensory, Balance, Endurance, Coordination, Pain, and Medication Management.

If Physical Therapy *is not* ordered: An R.N. will admit the patient to home health, and the Occupational Therapist will evaluate the patient within 24 hours of admission to home health



### Occupational Therapy Frequency and Duration

- Frequency: 3w2, 1w1

### Physician-Specific Physical/Occupational Therapy Interventions Choices

<b>Therapeutic Exercises</b>	<ul style="list-style-type: none"><li>• PROM ONLY x 6 weeks, within restrictions (see below shoulder restrictions)</li><li>• Codman's (pendulums) passive exercises</li><li>• Active-Assisted exercises – supine wand shoulder flexion</li><li>• AROM of distal extremities (elbow/hand)</li></ul>
<b>Sling</b>	<ul style="list-style-type: none"><li>• Wear Sling x 6 weeks. Can remove for showering and performance of protocol exercises</li></ul>

### Shoulder Restrictions

<b>PASSIVE Range of Motion</b>	<ul style="list-style-type: none"><li>• Flexion: Perform in scaption plane in supine to tolerance*</li><li>• Abduction: Gentle PROM to tolerance*</li><li>• Internal Rotation: Perform in scaption plane, Only to neutral*</li><li>• External Rotation: Perform in scaption plan, up to 30 degrees*</li></ul> <p>*Remember the intent of PROM is to gain ROM without placing undue stress on either the soft tissue structures and/or the surgical repair.</p>
<b>ACTIVE Range of Motion</b>	<ul style="list-style-type: none"><li>• NO Shoulder Active Range of Motion of x 6 weeks.</li></ul>

Physician Name (Print) \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_